717 17th Street, Suite 1 100 Denver, Colorado 8020: -3323 1-800-325-4352

Please direct mail to: P.O. Sox 173785 Denver, CO 80217-3785 Fax: 103.194-5899

I. IRA Account Owner Information (Please type or print)

Retirement Accounts, Ir: Account# 0//06802000/

STANLEY T. MILLER

Residence Address (no a P.O. Box)

6001 Broken Sound PKWY # 406 City/State/Zip Boca Raton, 71 33487

Check here if this is a ¢ ange of address.

Daytime Phone (561) 241 6080

Date of Birth

4

State of the last

M

1270

M

REDACTED

Social Security #

Retirement Accounts, Inc. (RAI) as Trustee of my Individual Redrement Account: Is requested to make payment(s) to me

2. Reason for Distri: ation (Check one.)

I understand that a 101- premature distribution penalty tax may apply to any distribution I take : Dm my IRA II I am under age 591/2 and no other region or avception applies. (Chair and)

- A. I am over age 59-1. [If this request is meant to satisfy a required minimum distribution, please complete Section 5. Required Minimum Distri; utlone.]
- B. I am under age £11% and no other reason or exception applies.
- C. Lam disabled as refined in Section 72(m)(7) of the internal Revenue Code. (It is the A secont Owner's responsibility to determine husbar aligibility and to , routde any proof that may be required by the IRS when caking a di Inbulion this is antibutable to deability.)
- D. This distribution is intended to qualify as a substantially equal periodic payment under Section 72(t)(2)(A)(iv) of the internal Revenue Code. It is the Account Owner's responsibility to determine the arrowal amot "I required.)
- [] E. I wish to have B recent contribution removed or corrected. (Please also complete S (xion 6.)
- F. This distribution is intended to qualify as an exception to Section 72(t) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):
  - Modical Exp∴nses 72(t)(2)(B)
  - Distributions to unemployed individuals for health insurance premiums - : 3(t)(2)(D)
  - Distribution: from Individual Retirement Plans for higher education e. .enses - 72(t)(2)(E)
  - Distributions from contain plans for first home purchases -

It is the Plan Owner's responsibility to determine higher eligibility and to provide any proof that, say be required by the IRE when taking a distribution that is meant to quality se an exception to Section 72(i) of the internal Revenue Code, RAI w. report such distributions to the IRS as either regular or premature distributions depending upon the Plan Owner's age

Do not use that form for a Trustee-to-Trustee Transfer.

# IRA Distribution Request Form

3. Payment Amount(s) (Check one and complete applicable blanks.)

Single Payment 000 wigh to withdraw

> from my IRA. (Fitt in dollar amount or write in "total amount," or "200 shares of XYZ stock," etc.)

B. Installment Payments:

If you are age 7016 or older, please reed and complete the "Information Concerning Minimum Distributions" in Section 5. Then complete following items 2, 3 and 4. Otherwise, complete all information following.

1. Installment payments are a specified dollar-amount or are based on a given payment period, I choose:

- 🗓 g. an amount of 🤱 payment period. (Specify exact amount or enter "all available
- b. a fixed period of \_\_\_\_
- 2. The first payment should be deducted in the month of
- 3. Please deduct and send my payments (choose one);
- near the beginning of the applicable month.
- I near the middle of the applicable month.
- at the end of the applicable month.
- Subsequent payments are to be paid (choose one):
  - a semiannually CI annually
  - **C** monthly Cl quarterly

(Note: It is the Plan Owner's responsibility to ensure that enough coan is available to make each payment when due. Phymores will continue until you naify RAI to stop.)

- 4. Asset Instructions
- A. Payment to be made in cash (Choose oil that apply.)
  - 1. I authorize RAI to liquidate the asset(s) listed on page two. If you check the systematic withdrawell option, the frequency of the withdrawal will be the same as the payout frequency indicated in Section 3.3.4.
  - 2. I have contacted my Designated Representative to liquidate any broker-hold assets (such as stocks and bonds) or any limited partnerships or other aliquid easets I choose to have sold. My Designated Representative will be responsible for forwarding
  - D 3. My Peek Money Market bollance is sufficient to make the distribution.
  - M 4. | Sutherize RAI to request furnis from my brokerage account a MEMADOEF INVESTMENT SECURITIES \_ brokerege

(Continued on the reverse side.)

Parkament Accounts ic. 2000

1 015

PAL-1715 (2/00)

## RAI ... Distrial tion Request (continued)

3 B. Distribute (reregistr ) shares of the following assets into my porsonal name to make up " :- Jareu amount.

Pienso las assets here:

of Shares or SAmi	Name of A (set	Liq. /Sall	Re- register	Systematic Withdrawal
		Ċ.	a	a
		Q	0	່ວ
		q	0	O)
		0	0	D.

Pinase also distribute \$ addition to the assers its: id above (for example, total cash balance or a specific dollar amount). Please leave blank if you do not want cash in addition to the reregions: of assets.)

For timited permerships : notor other illiquid assets, it is the responsibility of the IRA Account Owr or and/or hig/her Designated Representative to find a buyer and arrange the terms of the sale of the asset. (Attech RAI's Secondary Market live invent Authoritation Form If you are selling a imited parmership.) If or you more of the assets requested for distribution is a Mortgage Note (or similar investment), the IRA Account Owner is responsible for ensuring that PAI receives all necessary documents to effect proper assignment of the asset.

#### 5. Required Minimum Distributions

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Service Control

(Complete only if Box È n Section 2 is checked.)

Information Concernir & Required Minimum Distributions (Complete this section (1 My II you are age 70% or older.)

Descring IRS rules require that you begin receiving distributions from your IFIA by your "required by jinning date" (April 1 following the calendar year in which you become a: a 70%), and then again by Documber 31 of that same year and every year thereafter 15 year and the RAI to make here. minimum distribution, wi: must receive these instructions at least 30 days prior to the required distribution date. Substantial IRS panelty taxes may be assessed if the appr. priate IRS deadline is not met.

Amount: The minimum amount required to be distributed generally is based on the prior year and total IPA, value divided by the applicable life. expectancy or by a fixe: number of years.

To complate this rection. Please complete all applicable information below to specify how you with to handle the required distributions from your account. If we do not hit is from you by your required distribution date, we will assume that you have met your requited minimum by taking distribution from another IPA.

Required Minimum Unstributions are based on the length of the payment period under A, B or C below. I choose:

- A. my life expectaty: / 84 specified by IRS tables.
- D B. the joint life exportancy of the and my designated beneficiary (based on IRS tables).
- Q. C. a fixed period of ... \_\_years (not to exceed 8 above).

Life expectancy elect Int. (If your "required beginning date" has passed, please indicate the opt on that was previously elected as of your required paginning date. If you is use this section blank, neither your life expectancy nor the life expectancy of your spouse beneficiary will be recalculated." )

In determining the mir mum required distribution for any calendar year (check the applicable boxes):

- O. my life expectation: O should O should not be recalculated each year.
- 🔾 E. the life expecia by of my spouse beheficlery: 🔘 should I should not the recalculated each year.

#### Nate<sup>1</sup>

- 1. The election to have or not have your or your spouse's life expectancy regalculated is irrevocable and must be made on or before your "required beginning date." Furthermore, IRS regulations do not allow the life expectancy of a nonspouse baneficiary to be recalculated.
- 2. If you have designated a nonspouse baneficiary who is more than ten years younger than you, the joint file expectancy will be adjusted to satisfy the incidental death benefit rules imposed by the IRS.
- 3. Your required minimum distribution may not be calculated based on joint life expectancy if you have designated your estate as the primary beneficiary of your IRA.
- Removal/Correction of Contribution (Complete this Section only if Box F in Section 2 is checked)
- A. Convibution was made for tax year.
- B. My tax-filing deadline for that year, plus any applicable extensions, is (fill in date) \_\_\_ \_/\_\_\_/\_\_
- C. Contribution was deposited at RAI on \_
- O. Was this an excess SEP Employer contribution?
  - Yes D No (Go on to Item E.)
- 1. If "Yes," Ill in amount of excess SEP Employer contribution:

2. If "Yes," I understand that PAL is required to redostignate and report the excess Employer contribution amount as a regular IRA contribution on my behall for the year designated in item A above. (If you do not imped to remove any portion of this nudesignered amount, check this box Q and continue to Section 10.)

- E. Check 1, 2 or 3 and complete item as applicable:
- □ 1. It is BEFORE the applicable raw-filing deadline for that continued. plus extensions. Piease recharacterize the excess contribution amount (named in section 3.A.) in the form at cash to my RAI Roth as a nondaductible IPLA ACCOUNT ! contribution for the\_ tax year. I understand that any earnings ambutable to this amount also will be transferred in cash to my Roth IRA, I understand that this option is available only if I have not yet taken a deduction for this contribution under this transferor IRA plan. and only if I have made sufficient cash available in my account by the transfer date
- Q 2. It is BEFORE the applicable tex-filing deadline for that contribution, plus extensions (I wish to avoid the 6% IRS penalty lox). I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxa bla to me, (check one):
  - a. Return contribution plus earnings to me.
  - a h. Romove contribution plus earnings and redeposit only the contribution for the subsequent tax year.
- 3. It is AFTER the applicable tax-filling deadline for that contribution, plus extensions (no earnings will be returned). Plates return the excess contribution to me. I understand that a 6% IRS penalty tex will apply.

(Note: Indicate the amount of the contribution to be returned in Section 3 on page 1. The dollar amount you fill in there should be the amount of the excess contribution to be relumed. If the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution,)

(Continued on the next page)

O Retirement Accounts, 1 a., 2000

RAI-1715 (2/00)

FROM STANLEY METAL

(FRI) 11. 3'00 13:28/ST. 13:26/NO. 4862799795 P 4

## RAI IRA Distribution Request (continued)

- 7. Payment Delivery (Check one)
- C. A. Mail by First Clas: mail to:

STANLEY T. MILLER

6001 Broken Sound PKW) Mailing Address

City/State/Zip

B. Wire funds to:

Bank Name

Rank ABA No.

Bank Account No.

City/State/Zip

- Li C. Please send cash to me via EFT (see attached information).
- D. Transfer/journal in a above distribution(s) to my personal account no. at my designated brokerage from. (Securities can be transferred/journaled only within the same brokernge from )
- 10 E. Special instructions:

# PLEASE FEDEX USING REDACTED

If no solection is made, payment will be sont to address of record. Dictribulkers may only be lient to the Account Owner or Account Owner's personal brokerage or rank account. There is a \$35 charge per wire. Fees may apply for special illalivery services.

- O F. Sand the distribution to my RAI Roth IRA account it. (for rollavar conversion purposes only). To establish a Conversion Rosh IRA, a Rosi IRA Application form must be completed.
- 8. Withholding (Choose one.)

Lul.

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U.

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\$ # £

- A. I do NOT want I dorel income tex withheld from my distribution(s). (Note: Even if y. . .) choose this option, lederal income tax must be withheld from t is distribution if you have not provided a U.S. residence addrers (not a P.O. Box) in Section 1.]
- □ B. I DO want lede-to income tax withheld from my distribution(s). I understand that in percent (10%) of the distribution will be withheld. (if you want a gni ster percentage withheld, indicate here: \_\_\_ A percentage air ount must be designated.]

(See the notice of 1: ix withholding at the end of this form; if no choice is made ab :ve, withholding tax will be deducted.)

- 9. Account Information (Check one,
- A r DQ wish to ck: to my account at this time. I understand that the requested distrii: .rition will be subject to a termination fee(s).
- B. I do NOT wish to close my account at this time.

Termination lees, if no included with a request to terminate or transfer the account, will be ded; sted from available Peak Money Market Account funds. If cash is unavidable, termination fees will be billed.

to. Transaction, Termination and Special Processing Facs

I understand that the requested distribution(s) will be subject to the tees and policies outlined below:

A. Transaction Fee Eight free transaction; (including distributions) per year, \$10 for each additional transaction		\$10 2	
100	8. Termination Foe	\$100 for accounts under Simple Fee Schedule \$150 for accounts under Flexible Fee Schedule	
	C. Overnight Fae	\$10 - 35 (International or Special Delivery may be higher.)	
ĺ	D. Wire Fee	\$35	

E. Fee and Billing Policies

Fees, including all current or past due administration fees, that are not included by check with the distribution request will be deducted from the Peak Money Market. If cash is not available, fees will be billed to the Ascount Owner, which may dolay the distribution request. If a distribution results in an account value reduction to under \$100, RAI reserves the right to resign as trustee and close the account, subject to the fee schedule then in effect. We reserve the right to charge for extraordinary expenses.

#### t I. Signature and Acknowledgment

I acknowledge the declarations made above

RA Account Owner's Signature Date

One chaics from each applicable item must be checked. When completed. please return this form to Retirement Accounts, Inc.

#### Notice of Withholding on Distributions or Withdrawals From IRAS

This notice is required to be furnished to you by IRS regulations each time an IFIA distribution is requested.

The distributions you receive from your automount plan are subject to find itself moome tax withholding. You are liable for payment of lodered income has on the taxable portion of your distribution requireless of whother you elect to have tax withhold, If you have provided Retirement Accounts, Inc. your residence address within the United States, you may elect not to have withholding apply. With relating will only apply to the portion of your distribution that is included in your income subject to federal Income tax. If you have not provided Platingmars accounts, ind. with your residence address, or if you have provided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are stigible (as explained above), you may elect not to have were holding apply to your distribution payments by signing and dating the electron form under Section 8 of the Distribution Request Form.

If you also not to have withholding apply to your distribution payments, or if you go not have enough federal innome tax withhuld from your distribution. you may be responsible for payment of estimated but.

If you intend to make a rollover deposit of the distribution you are receiving, you should consider the election not to have tax withheld.

If you do not return the election form before the distribution is made from your account, federal income tox will be withheld from your distribution

Your alaction will remark in offect until you revoke it and will be heroried for all future distributions from this IPA. You may revoke an election by completing a new Distribution Request Form.

C Regirement Accounts, 10., 2000

RAL-1715 (2/00)

Date

11-6-00

TO:

Benjard Madoff

ATTN:

410

FAX#

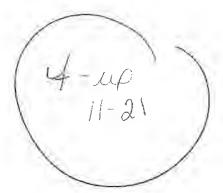
212-838-4061

FROM:

Retirement Accounts, Inc.

Phone: 800-325-4352

Fax: 303-294-5899



Retirement Accounts, Inc. requests that funds to meet the following client(s) distribution needs. Please liquidate from the referenced account(s) and forward a check(s) to our address checked below:

Mailing Address:

Retirement Accounts, Inc. FBO: (client name & a/c #)

PO Box 173785

Denver CO 80217-3785

Overnight Delivery:

Retirement Accounts, Inc. FBO: (client name & a/c#) 717 17<sup>th</sup> Street, Ste 1700

Denver CO 80202-3323

Client name

Ď.

C T L

100

The state of

77.1

**RAI Account #** 

Your Account #

Amount

Stanley Milles / 106802/ ZR284 / \$ 20,000=

Thank you for your prompt attention to this matter. Please call me if you have any questions.

Sincefely,

Retirement Accounts, Inc

Trank

DELIVERING HIGH PERFORMANCE SERVICE TO SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNTS SINCE 1976

P.O. Box 173785 Denver, CO 80217-3785

303-294-5959 • 800-325-4352 • Fax 303-294-5899 • www.retirementaccountsinc.com

CONFIDENTIAL

FISERV-MILLER-00606



Reurement Accounts, Inc. 717 17th Street, Suite 1700 Denver, Colorodo 80202-3323 Denver, CO 80217-3785 1-300-323-4752

Please direct mail to: P.O. Box 173785 Fax: 303-194-53??

Please do not use this form for Required Minimum Distributions. A reparate form is available for that purpose.

# Traditional IRA Distribution Request

. IRA Account Owner Information Please type or print;	Additional paper work is required for Conversions to Rath IRAs other than RAI Rath IRAs )
Represent Accounts, Inc. Account # 106 90 20  James HANNEY T MINER  Residence Address for a PO 600 800 5.00 FAN BLAD AS  City/State/Zip BOX A RATON PL 87432  Check here if this is a change of address. CI	This distribution is intended to qualify as a Direct Rollover to a Qualified Plan. (See Item G in Section 6 "Payment Delivery." It is the Participant's responsibility to determine his/her eligibility and to provide any proof that may be required when making a direct rollover to a Qualified Plan.  Do not use this form for a Trustee-to-Trustee Transfer.
Daytime Phone ( 571 ) 361 3592 Date of Birth REDACTED	3. Payment Amount(s) (Check one and complete applicable blanks.)  3. A. Single Payment:
iociai Security #  Retirement Accounts, Inc. (RAI) as Trustee of my Individual Retirement Account, is requested to make payment(s) to me as follows:	! wish to withdraw  from  my IRA. (Fill in dallar amount or write in "total amount" or "200 shares of  XYZ stock," etc.)
A Reason For Distribution (choose one):  understand that a 10% premature distribution penalty tax may apply of any distribution I take from my IRA if I am under age \$9½ and no other reason or exception applies.  A I am under age \$9½ and no other reason or exception applies.  B. I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code. (It is the Account Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by the IRS when taking a distribution that is attributable to disability.)  C. This distribution is intended to qualify as a substantially equal	B. Installment Payments:  I. Installment payments are a specified dollar amount or are based on a given payment period. I choose:  a. an amount of 3000 for each payment period. Specifi exact amount or enter "all available cash.")  b. a fixed period of
periodic payment under Section 72(t)(2)(A)(iv) of the internal Revenue Code. (it is the Account Owner's responsibility to delermine the annual amount required.)  D. I wish to have a recent contribution removed or corrected. (Flease also complete Section 5.)	<ol> <li>Please deduct and send my payments (choose one):</li> <li>Items the beginning of the applicable month.</li> <li>Incar the middle of the applicable month.</li> <li>at the end of the applicable month.</li> </ol>
This discribution is intended to qualify as an exception to Section 72(t) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):  Medical Expenses - 72(t)(2)(8)	4. Subsequent payments are to be paid (choose one):  □ annually □ semiannually □ quarterly 紀 monthly (Note: It is the Plan Owner's responsibility to ensure that enough
☐ Distributions to unemployed individuals for health insurance premiums - 71(t)(2)(D)	cash is available to make each payment when due Payments will con- tinue until you notify RAI to stop.)

#### RAI Traditional IRA Distribution Request (continued)

- 3. My Peak Money Market balance is sufficient to make the distribution.
- 4 I authorize RAI to request funds from my brokerage Accounts
- 2 It is BEFORE the applicable tax-filing deadline for that contribution plus extensions (I wish to avoid the 6% IRS penalty tax) I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxable to me (check one):
  - 🗓 a Return contribution plus earnings to me,

personal name to make up the requested and Please list assets here:  b of Shares or: Name of Asset Lig.!	Re- Systematic	3. It is AFTER the applicable tax-filing deadline for that contribu- tion, plus extensions (no earnings will be returned). Please return the excess contribution to me I understand that a 6% IRS penalty tax will apply.
	opstor Withdrawal	(Note: Indicate the amount of the contribution to be returned in Section 3 on page 1. The dollar amount you fill in there should be the amount of the excess contribution to be returned, if the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution.)
l a	د ا ت	6. Payment Delivery (Check one.)
Please also distribute \$_ to the assets listed above (for example, total cash balat	nce or a specific dof-	A. Mail by First Class mail to:  Name
ar amount). (Please leave blank if you do not want cash in	addition to the rereg-	Mading Address
stered ossets.) for limited partnerships and/or other illiquid assets	s, it is the responsi-	City/Suze/Zip
billty of the IRA Account Owner and/or h Representative to find a buyer and arrange the term	is/her Designated hs of the sale of the	A B Wire funds to:
asset. (Attach RAI's Secondary Market Investment A f you are selling a limited partnership.) If one or	more of the assets	Bank Name COMERICA BANK
equested for distribution is a Mortgage Note (or :	similar involument).	Bank ABA No. ROUTING # REDACTED
he IRA Account Owner is responsible for ensuring	or of the asset.	Bank Account No. REDACTED
		City/State/Zip Ft LAUDEROME FL 33301
S. Removal/Correction of Contribution (Comonly if Box D in Section 2 is checked.)  A. Contribution was made for tax year		SEC. Please send cash to me via EFT (see attached information).
is (fill in date)/		D.Transfer/journal the above distribution(s) to my personal account no.  at my designated brokerage firm. (Securities can be transferred/journaled only within the same broker-
Contribution was deposited at RAI on/		age firm.)
). Was this an excess SEP Employer contribution?		Brokerage Firm
☐ Yes ☐ No (Go on to item E.)		Phone
If "Yes," fill in amount of excess SEP Employer of		E. Speciał Instructions:
If "Yes." I understand that RAI is required to red the excess Employer contribution amount as a re- tion on my behalf for the year designated in item A intend to remove any portion of this redesignated amou and continue to Section 9)	egular IRA contribu- above III you do not	DAL Dash IDA AMAUNI
Check 1, 2 or 3 and complete item as applicable		T. F. Send the distribution to my RAI Roth IRA account # (for rollover conver-
<ol> <li>It is BEFORE the applicable tax-filing deadline tion plus extensions. Please recharacterize button amount (named in section 3.A.) in the</li> </ol>	the excess contri-	sion purposes only) To establish a Conversion Roth IRA, a Roth IRA Application form must be completed.
nondeductible contribution for the	o this amount also	G Send distribution to another eligible retirement plan not at RAI (please consult the Successor Trustee to verify if additional forms are required and attach if applicable).
will be transferred in cash to my Roth (RA.) up option is available only if I have not yet take this contribution under this transfer or IRA have made sufficient cash available in my accident date.	en a deduction for plan, and only if f	If no selection is made, payment will be sent to address of record. Distributions may only be sent to the Account Owner or Account Owner's personal brokerage or bank account. There is a \$35 charge per wire, Fees may apply for special delivery services
	2 0	( ) RAIN715 (12(01)
- Agurement Account, Inc. 2001		
0 'd 688548865 '0	Y XAT	ודם ום כחתכ ותב מפילם און

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#### RAI Traditional IRA Distribution Request (continued)

Name of Recaiving Institution

Account #

Phone #

Address

City/State/Zip

Successor Trustee Acceptance Signature

x

By (print name)

#### 7. Tax Withholding (Choose one.)

A. ( do NOT want lederal income tax withheld from my distribusion(s). (Note: Even if you choose this option, federal income tax must be withheld from this distribution if you have not provided a U.S. tesidence address (not a P.O. Box) in Section 1.)

B. I DO want lederal income tax withheld from my distribution(s).
I understand that ten percent (10%) of the distribution will be withheld. (If you want a greater percentage methold, indicate here:
%. A percentage amount must be designated.)

(See the notice of tax withholding at the end of this form, if no choice is made above, withholding tax will be deducted.)

#### 8. Account information (Check one.)

 A. LDO wish to close my account at this time. I understand that the requested distribution will be subject to a termination fee(s)

#### B. 1 do NOT wish to close my account at this time.

Termination fees, if not included with a request to terminate or transfer the account will be deducted from available Peak Moncy Market Account funds, if cash is unavailable, termination fees will be billed

#### 9. Transaction, Termination and Special Processing Fees

I understand that the requested distribution(s) will be subject to the fees and policies outlined below:

A. Transaction Fee Eight free transactions (including dis- trabupons) per year. \$10 for each additional transaction	\$10
B. Termination Fee	\$100 for accounts under Simple Fee Schodule \$150 for accounts under Flexible Fee Schedule
C. Overnight Fee	5.0 - 35 (International or Special Delivery may be higher)
Q. Wire Fee	: \$35

#### E. Fee and Billing Policies

Fees, including all current or past due administration fees, that are not included by check with the distribution request will be deducted from the Peak Money market. If cash is not available, fees will be like to the Account Owner, which may delay the distribution request. If a distribution results in an account value reduction to under \$100 RAI reserves the right to resign at truttee and close the account, subject to the fee schedule then in effect. We reserve the right to charge for extraordinary expenses.

### 10. Signature and Acknowledgment

I acknowledge the declarations made above

Signature X Harley Trille
Date 2/19/02

One chaice from each applicable item must be checked When completed please return this form to Retirement Accounts, Inc.

# Notice of Withholding on Distributions or Withdrawals From IRAs

This notice is required to be furnished to you by IRS regulations each time an IRA distribution is requested.

The distributions you receive from your retirement plan are subject to federal income tax withholding. You are liable for payment of federal income tax on the taxable portion of your distribution regardless it whether you elect to have tax withhold if you have provide Retirement Accounts, Inc., your residence address within the United States, you may elect not to have withholding apply. Withholding wonly apply to the portion of your distribution that is included in you income subject to federal income tax, if you have not provided Retirement Accounts, Inc. with your residence address, or if you have privided a residence address outside of the United States, withholding generally is required. You cannot elect out of withholding.

If you are ellgible (as explained above), you may elect not to have we holding apply to your distribution payments by signing and dating t election form under Section 7 of the Distribution Request Form.

If you effect not to have withholding apply to your distribution p ments, or if you do not have enough federal income the withhold fr your distribution, you may be responsible for payment of estimated.

If you intend to make a rollover deposit of the distribution you receiving, you should consider the election not to have tax withhe

If you do not return the election form before the distribution is military your account, federal income tax will be withheld from your tribution.

Your election will remain in effect until you revoke it and will be a ored for all future distributions from this IRA, You may revoke an a tion by completing a new Distribution Request Form.

@ Reprement Account Inc . 2001

] of ]

RA-17

212-842-1419

p. 5

# Electronic Funds Transfer (EFT) Authorization for Scheduled Distributions

To initiate your prearranged scheduled distributions via EFT, please complete the following information. Please scaple a VOIDED CHECK or a SAVINGS DEPOSIT SLIP to the bottom of this form.

form.
(Please print)
Name STANCEY T. MILLER
Recirement Accounts, Inc. Account # 106802
Financial Institution (To which credits will be mode. Mutual fund occounts and brokerage accounts are not eligible institutions.)  CONERICA BANK
Financial Institution Address 100 NE THIND AK SE
City/Swee/Zip It LAUDERDALE FL 33301
Your Account # at this Institution REDACTED
Type of Account (Check one.)
Checking Account
☐ Savings Account
☐ Credit Union Account (Check one.) ☐ checking ☐ savings
Bank Routing Transit number (This is a nine digit number which you may obtain from your financial institution.)  REDACTED
Signature
I have read this form and by signing below agree to the Terms and Conditions.  Signed X / Low T / Lle
Dass 3//w/ex

Please make a copy of this form for your records.

Terms and Conditions of EFT Authorization

I hereby authorize Retirement Accounts, Inc. to affect payment for my scheduled distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by Retirement Accounts, Inc. to such account and to credit the same such account without responsibility for the correctness thereof. I understand that such amounts will be debited as scheduled distributions from my retirement plan. (Please note that it can take up to three banking days after distribution for the deposit to be made in your account.) I understand that this agreement may be terminated by me at any time by sending written notification to both my financial insutution and to Retirement Accounts, Inc. Any such notification to Retirement Accounts, Inc. Shall be effective only with respect to entries to be minated by Retirement Accounts. Inc. (10) calendar days or more after receipt of such notification.

I may direct Retirement Accounts, Inc. not to credit my financial Insticution account, provided that such authorization is in writing and is received by Retirement Accounts, Inc. not less than ten (10) calendar days prior to the scheduled initiation of the credit entry. There is no charge for this service.

I agree to hold Retirement Accounts, Inc. harmless from any consequences of acting in accordance with this agreement. (I understand that Retirement Accounts, Inc. is not liable for the failure of a credit entry to be accepted by my financial institution.)

Staple Check or Deposit Slip here.

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(12/01) 2001

RAI-1715

Acurement Account Inc. 200:

(12/01) 2001

RAI-6715

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Retirement Accounts, Inc. 717 17th Street, Suite 1700

Please direct mail to: 8.O. Box 173785 Denver, Calarado 8010]-3323 Denver, CO 802(7-3785 Please do not use this form for Required Minimum Distributions. A teparate form is available for that purpose.

## Traditional IRA Distribution Request

I. IRA Account Owner Information (Flesse type or print.)	Additional paper work is required for Conversions to Roth IRAs other than RAI Roth IRAs.)		
Resirement Arrounts, Inc. Accounts 106 90 2			
Name CHANNEY T MILLER Residence Address (not o P.O. Box) 800 SOFFAN BLOOD City/Scheelip ROYA RATION FL 87432	This distribution is intended to qualify as a Direct Rollower to a Qualified Plan (See Item G in Section 6 Payment Delivery.—It is the Participant's responsibility to determine his/her eligibility and to provide any proof that may be required when making a direct rollower to a Qualified Plan.		
Check here if this is a change of address.	Do not use this form for a Trustee-to-Trustee Transfer.		
Daytime Phone (50) 36/ 2592	3. Payment Amount(s) (Check one and complete applicable		
Date of Birth REDACTED	blenks.)		
orial Security #	D A Single Psymone		
letirement Accounts, Inc. (RAI) as Trystee of my Individual letirement Account, is requested to make payment(s) to me	I wish to withdraw from		
s follows:	my IRA. (Fill in dollar amount or write in "total amount" or "200 shares of		
Reason For Distribution (choose one):	XYZ stock," etc.)		
understand that a 10% premature distribution penalty tax may apply o any distribution I take from my IRA if I am under age 59½ and no	<ul> <li>B. Installment Payments:</li> <li>Installment payments are a specified dollar amount or are based on a given payment period. I choose;</li> </ul>		
other reason or exception applies.  A 1 am united age 59½ and no other reason or exception applies.	3 a. an amount of \$ 30 000 for		
8. I am disabled as defined in Section 72(m)(7) of the Internal	each payment period. (Specify exact amount or enter "all avadable cash.")		
Revenue Code. (It is the Account Owner's responsibility to determine his/her eligibility and to provide any proof that may be required by	D b. a fixed period ofyears.		
the IRS when toking a distribution that is attributable to disability.)  C. This distribution is intended to qualify as a substantially equal	2. The first payment should be deducted in the month of		
periodic payment under Section 72(t)(2)(A)(iv) of the Internal Revenue Code. (It is the Account Owner's responsibility to deter-	3. Flease deduct and send my payments (chaose one);  A near the beginning of the applicable month.) If gleach,		
mine the annual amount required,)  (0, 1 wish to have a recent contribution removed or corrected.	I near the middle of the applicable month.		
(Please this complete Section 5.)	at the end of the applicable month.		
E. This distribution is intended to qualify as an exception to	4 Subsequent payments are to be paid (choose one):		
Section 72(r) of the Internal Revenue Code (10% Additional Tax on Early Distributions from Qualified Retirement Plans):	annually G semiannually quarterly 22-monthly		
<ul><li>Medical Expenses - 72(t)(2)(B)</li></ul>	(Note: It is the Plan Owner's responsibility to ensure that enough		
☐ Distributions to unemployed individuals for health insurance premiums - 72(s)(2)(0)	cash is available to make each payment when due. Payments will con- tinue until you notify RAI to stop.)		
□ Distributions from Individual Retirement Plans for higher education expenses - 72(t)(2)(E)	4. Assez Inseructions		
Distributions from certain plans for first home purchases	Q. A. Payment to be made in cash (Choose all that apply.)		
72(t)(2)(F) is the Plan Owner's responsibility to determine his/her eligibility and to provide any pof that may be required by the IRS when taking a distribution that is meant to affy as an exception to Section 72(t) of the Internal Revenue Code RAI will report	<ol> <li>I authorize RAI to liquidate the asset[s] listed on page two If you check the systemotic entraneous apuan, the frequency of the withdrawal will be the same as the payout frequency indicated in Section 3.8.4.</li> </ol>		
ch distributions to the IRS as either regular or premature distributions depending on the Pion Owner's age.	<ul> <li>1 have confacted my Designated Representative to liqui- date any proken-held assets (such as stocks and bonds)</li> </ul>		
This distribution is Intended to qualify as a Conversion to a Roth IRA. (See Item F in Section 6 "Payment Delivery" It is the Participant's responsibility to determine his/her eligibility to convert to a Roth IRA If necessary, complete on RAI Roth IRA Application.	or any limited partnerships or other illiquid assets I choose to have sold My Designated Representative will be responsible for forwarding funds to RAI (Cohunued on reverse side.)		
Repartment Accounts Int (200)	7) Raj-1715 (rev 12/01)		

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## RAI Traditional IRA Distribution Request (continued)

- 13 My Peak Money Market balance is sufficient to make the distribution.
- 4.1 authorize RAI to request funds from my brokerage brokerage lam.
- 38. Distribute (reregister) shares of the following assets into my personal name to make up the requested amount.

Please list assets here:

# of Shares or: Name of Shares	of Asset	Liq./	Re-	Systematic Withdrawal
30 000 SEKNAR	P MARON	Fa	٥	×
		ני	а	3
	1	2	כ	٥
		g	a	وا

cash in addition Please also distribute \$\_\_ to the assets listed above (for example, total cash balance or a specific dollar amount). (Please leave blank if you do not want cash in addition to the seregistered ossets.)

For limited partnerships and/or other illiquid assets, it is the responsibillty of the IRA Account Owner and/or his/her Designated Representative to find a buyer and arrange the terms of the sale of the assec (Attach RAi's Secondary Market Investment Authorization Form If you are selling a limited partnership.) If one or more of the assets requested for distribution is a Mortgage Note (or similar investment), the IRA Account Owner is responsible for ensuring that RAI receives all necessary documents to effect proper assignment of the asset.

5.	Removal/Correction	of Contribution	(Complete this	section
	only if Box D in Section 2	is checked.)		

- A. Contribution was made for tax year.
- B. My tax-filing deadline for that year, plus any applicable extensions, is (fill in date) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ .
- C. Contribution was deposited at RAI on \_
- D. Was this an excess SEP Employer contribution?
  - ☐ Yes ☐ No (Go on to item E.)
- 1 If "Yes," fill in amount of excess SEP Employer contribution:
- 2. If "Yes," I understand that RAI is required to redesignate and report the excess Employer contribution amount as a regular IRA contribution on my behalf for the year designated in item A above III you do not intend to remove any portion of this redesignated amount, the(k this box 🔾

- 2. It is BEFORE the applicable tax-filing deadline for that contribution. plus excensions (I wish to word the 6% IRS perulty (ax). I understand that applicable earnings on the contribution must be returned to me, under IRS rules, and that these earnings are taxable to me (check one):
  - a. Return contribution plus earnings to me.
  - I b. Remove contribution plus earnings and redeposit only the contribution for the subsequent tax year \_
- 3 It is AFTER the applicable tax-filing deadline for that contribution, plus extensions (no earnings will be returned). Please return the excess contribution to me. I understand that a 6% IRS penalty tax will apply.

(Note: Indicate the amount of the contribution to be returned in Section 3 on page I. The dollar amount you fill in there should be the amount of the excess contribution to be returned. If the option you chose above requires earnings to be returned, these will be calculated by RAI and added to the requested distribution.)

6. Payment	Delivery	(Check one.)
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C) A. Mail by First Class mail to:

Name

Mailing Address

City/State/Zip

9. Wire funds to:

Bank Name

Bank ABA No. ROUTING # REDACTED

Bank Account No. REDACTED

City/State/Zip FT LAUDERDALE

DCC. Please send cash to me via EFT (see attached information).

 D. Transfer/journal the above distribution(s) to my personal account at my designated brokerage firm. (Securities can be transferred/journaled only within the same brokerage firm.)

Brokerage Firm \_

□ E. Special instructions:

RAI Traditional IRA Distribution Request (continued)

Name of Receiving Institution

Account #

Phone #

Addract

10. Signature and Acknowledgment

I acknowledge the declarations made above.

IRA Account Own

Signature

39-cgm	Doc 20508-7	Filed 05/12/21	Entered 05/1
Name of Reci	eiving Institution	Pg 12 of 1	3
Account #			I acknowledge the de
Phone #			IRA Account Owner
Address			Date
City/State/Zip			One choice from eac
Successor Tru	stee Acceptance Signature		ploted, please return
×			Notice of Withhold
By (print name	;)		From IRAs
Title			This notice is require
7. Tax With	holding (Choose one.)		time on IRA distributi
tion(s). be withh	OT want federal income tax (Note: Even if you choose this o leld from this distribution if you liddress (not a P.O. Bax) in Sect	puon, federal income tax must i have not pravided a U.S res-	The distributions you federal income tax w income tax on the tax whether you elect.  Retirement Accounts.
l unders withheld	ant federal income tax withh trand that ten percent (10%) I. (If you want a greater perce & A percentage amount must	of the distribution will be ntage withheld, indicate here:	States, you may elect only apply to the point of the poin
(See the noti	ce of tax withholding at the aboys, withholding tax	he end of this form. If no will be deducted.)	vided a residence add generally is required. Y
77			If you are eligible (as en holding apply to your

#### 8. Account Information (Check one.)

- A. 100 wish to close my account at this time. I understand that the requested distribution will be subject to a termination
- B. I do NOT wish to close my account at this time.

Termination fees, if not included with a request to terminate or transfer the account will be deducted from available Peak Money Market Account funds, if cash is unavailable, termination fees will be billed.

## 9. Transaction, Termination and Special Processing Fees

I understand that the requested distribution(s) will be subject to the fees and policies outlined below:

A. Transaction Fee  Eight free transactions (including dis- tributions) per year. \$10 for each additional transaction	\$10
8. Termination Fee	\$100 for accounts under Simple Fee Schedule \$150 for accounts under Flexible Fee Schedule
C. Overnight Fee	510 - 13 (International or Special Delivery may be higher)
D. Wire Fee	\$35

Fees, including all current or past due administration fees, that are not included by check with the distribution request will be deducted from the Peak Money Market II cash is not available, less will be biled to the Actours Owner, which may delay the distribution request if a distribution retuils in an account value reduction to under \$100, RAI reserves the right to resign as trustee and close the account subject to the lee schedule then in effect. We respect the right to thange for extraordinary expenses.

clarations made above.

h applicable item must be checked. When comthis form to Retirement Accounts. Inc.

# ding on Distributions or Withdrawals

d to be furnished to you by IRS regulations each on is requested

receive from your retirement plan are subject to ithholding. You are liable for payment of feder: xable portion of your distribution regardless : to have tax withheld if you have provide Inc. your residence address within the Unice not to have withholding apply. Withholding w tion of your distribution that is included in you eral income tax. If you have not provided Retir ith your residence address, or if you have pr Iress purside of the United States, withholdi ou cannot elect out of withholding

xplained above), you may elect not to have wit distribution payments by signing and dating t election form under Section 7 of the Distribution Request Form.

if you elect not to have withholding apply to your distribution p ments, or if you do not have enough federal income tax withheld fr your distribution, you may be responsible for payment of estimated

If you intend to make a rollover deposit of the distribution you receiving, you should consider the election not to have tax withhe

If you do not return the election form before the distribution is m from your account, federal income tax will be withheld from your tribution.

Your election will remain in effect until you revoke it and will be t ored for all future distributions from this IRA. You may revoke an i tion by completing a new Distribution Request Form

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# **Electronic Funds Transfer** (EFT) Authorization for Scheduled Distributions

To intrate your prearranged scheduled distributions via EFT, please complete the following information. Please scaple a VOIDED CHECK or a SAVINGS DEPOSIT SLIP to the bettern of this form

(Please print.) Name Retirement Accounts, Inc. Account #/

Financial Institution (To which credits will be made. Mulual fund accounts and prokerage accounts are not eligible institutions)

COMERICA Financial Institution Address

Your Account # at this Institution REDACTED

Type of Account (Check one.)

Checking Account

Savings Account

Credit Union Account (Check one.) achecking savings

Bank Routing Transit number (This is a nine digit number which you may obtain from your financial institution.)

REDACTED

Signature

I have read this form and by signing below agree to the Terms and Conditions

Signed X Dace

Please make a copy of this form for your records.

## Terms and Conditions of EFT Authorization

I hereby authorize Retirement Accounts, Inc. to effect payment for my scheduled distribution by initiating credit entries to my account indicated at the financial institution named i request such financial institution to accept any credit entries initiated by Retirement Accounts, Inc. to such account and to credit the same such account without responsibility for the correctness thereof, I understand that such amounts will be debited as scheduled distributions from my retirement plan. (Please note that it can take up to three banking days after distribution for the deposit to be made in your account.) ( understand that this agreement may be terminated by me at any time by sending written notification to both my financial institution and to Retirement Accounts, Inc. Any such notification to Retirement Accounts. Inc. shall be effective only with respect to entries to be initiated by Retirement Accounts, Inc. ten (10) calendar days or more after receipt of such notification.

I may direct Retirement Accounts, Inc. not to credit my financial institution account, provided that such authorization is in writing and is received by Retirement Accounts, Inc. not less than ten (10) calendar days prior to the scheduled initiation of the credit entry. There is no charge for this service.

l agree to hold Retirement Accounts, Inc. harmless from any consequences of acting in accordance with this agreement. (I understand that Retirement Accounts, Inc. is not liable for the failure of a credit entry to be accepted by my financial institution.)

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Staple Check or Deposit Slip here,

D Retirement Account Inc . 200

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& Reprement Account Inc. 100:

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